

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

In the United States District Court
For the Western District of Michigan

08 DEC -5 PM 3:03

JOHN E. Snyder

77877 C.R. 378

1C5CV0809

Covert, Mi. 49043

Gordon J. Quist
U.S. District Judge

(Enter above the full names of all plaintiffs, including prisoner number, in this action.)

Mich State Police: Trooper Lincoln MILLER, Tpr. Kyle Gantam, Tpr. Scott, Post 55, 720 LaGrange St.
v. South Haven, Mi. 49090 Covert T.W.P. Police: Officer Siegfried Frietag 33805 M-140 Covert, Mi. 49043

Officer Natalie Thompson South Haven P.O. 90 Blue Star Hwy, South Haven, Mi. 49090

Van Buren County Sheriff Det (Jail) 205 S. Kalamazoo St. Paw Paw, Mi. 49079

(Enter above the full name of the defendant or defendants in this action.)

**Instructions for Filing a Complaint by a Prisoner
Under the Civil Rights Act, 42 U.S.C. § 1983**

This packet includes three copies of a complaint form. To start an action, you must file an original complaint and one copy for the court. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original. If the court determines that the complaint should be served on one or more defendants, the court will specifically order you to provide further copies for this purpose. Until ordered to do so, do not submit to the court copies of the complaint or exhibits for purposes of service on defendants. **The clerk of the court will not file your complaint unless it conforms to these instructions and to these forms.**

In order for this complaint to be filed, it must be accompanied by the filing fee of \$250.00. In addition, the United States Marshal will require you to pay the cost of serving the complaint on each of the defendants.

If you are unable to prepay the filing fee and service costs for this action, you must petition the court to proceed *in forma pauperis* by completing and signing the attached affidavit in support of application. You must also have an authorized officer at the penal institution complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution. **If the court grants you leave to proceed *in forma pauperis*, you will still be required to pay the \$250.00 filing fee through an initial partial filing fee and through monthly installments.**

Your complaint must be legibly handwritten or typewritten. You, the plaintiff(s), must sign and date the complaint on the last page. If you need additional space to completely answer a question, you must attach additional pages.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, you must file a separate complaint for each claim that you have unless they are all related to the same incident or issue.

You are required to furnish, so that the United States Marshal can complete service, the **correct name and address of each person you have named as defendant**. A PLAINTIFF IS REQUIRED TO GIVE INFORMATION TO THE UNITED STATES MARSHAL TO ENABLE THE MARSHAL TO COMPLETE SERVICE OF THE COMPLAINT UPON ALL PERSONS NAMED AS DEFENDANTS.

You will note that you are required to give facts. THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.

When these forms are completed, mail the original and copies to the Clerk of the United States District Court for the Western District of Michigan at any of the addresses below:

U.S. District Court
399 Federal Building
110 Michigan St., NW
Grand Rapids, MI 49503

U.S. District Court
229 Federal Building
P.O. Box 698
Marquette, MI 49855

U.S. District Court
B-35 Federal Building
410 W. Michigan Ave.
Kalamazoo, MI 49007

U.S. District Court
113 Federal Building
315 W. Allegan
Lansing, MI 48933

COMPLAINT

I. Previous Lawsuits

CAUTION: The Prison Litigation Reform Act has resulted in substantial changes in the ability of incarcerated individuals to initiate lawsuits in this and other federal courts without prepayment of the required \$250 filing fee. Accurate and complete responses are required concerning your litigation history. Generally, a plaintiff's failure to accurately and completely answer the questions set forth below will result in denial of the privilege of proceeding *in forma pauperis* and require you to pay the entire \$250 filing fee regardless whether your complaint is dismissed.

- A. Have you ever filed a lawsuit while incarcerated or detained in any prison or jail facility? Yes No
- B. If your answer to question A was yes, for each lawsuit you have filed you must answer question 1 through 5 below. Attach additional sheets as necessary to answer questions 1 through 5 below with regard to each lawsuit.
1. Identify the court in which the lawsuit was filed. If it was a state court, identify the county in which the suit was filed. If the lawsuit was filed in federal court, identify the district within which the lawsuit was filed.

 2. Is the action still pending? Yes No
 - a. If your answer was no, state precisely how the action was resolved: _____

 3. Did you appeal the decision? Yes No
 4. Is the appeal still pending? Yes No
 - a. If not pending, what was the decision on appeal? _____

 5. Was the previous lawsuit based upon the same or similar facts asserted in this lawsuit? Yes No
 - If so, explain: _____

II. Place of Present Confinement _____

If the place of present confinement is not the place you were confined when occurrence that is subject of instant lawsuit arose, also list the place you were confined: _____

III. Exhaustion of Administrative Remedies

CAUTION: You are required by federal law to exhaust your available remedies on any action brought with respect to jail, prison, or other correctional facility conditions before bringing an action in under 42 U.S.C. § 1983. See 42 U.S.C. § 1997e(a). In order to demonstrate exhaustion, you MUST ATTACH ALL DOCUMENTS EVIDENCING EXHAUSTION OF REMEDIES, including Step I, II and III grievances and grievance responses. If you are unable to provide copies of the grievances, you must provide the Court with an affidavit describing the issues set forth in the Step I grievance, the people named in the Step I grievance and the response you received at each level of review.

- A. Is your place of confinement a facility operated by the Michigan Department of Corrections? Yes No
- B. If your answer to A was yes, did you file a grievance concerning the facts set forth in this complaint? Yes No
 1. If your answer is no, explain why a grievance was not filed: _____

COMPLAINT

2. If your answer is yes, list the grievance number(s) and the date listed as "Today's Date" box on the Prisoner/Corrections Client Grievance Form:
-
3. What was the decision upon your grievance at Step I? _____
- C. If your answers to A and B are yes, did you appeal the Step I decision? Yes No
1. If your answer above was yes, what was the Step II decision? _____
-
- Did you appeal to Step III? Yes No
- If your answer above was yes, what was the decision at Step III? _____
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- D. Does your complaint concern a misconduct charge filed against you? Yes No
1. Did you have an administrative hearing on the misconduct charge? Yes No
- If yes, what was the hearing officer's decision? _____
-
2. Did you request an administrative rehearing? Yes No
- If you did request an administrative rehearing, what was the decision rendered upon rehearing? _____
-
3. After rehearing, did you appeal the decision in one of the circuit courts for the State of Michigan? Yes No
- a. If yes, what was the decision of the circuit court? _____
-
- b. Did you appeal the decision of the circuit court? Yes No
- If yes, state the decisions of the Michigan Court of Appeals and Michigan Supreme Court: _____
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- E. If your claim concerns confinement within a facility not operated by the Michigan Department of Corrections, please state in detail the steps you have taken to exhaust your available state remedies prior to filing this lawsuit:
- Filed Grievances against Van Buren County Sheriff Dept (Jail) for denying me medical treatment after numerous requests.*
- F. If you have taken any other steps to exhaust your state remedies, please describe in detail what steps you have taken:
-
-

IV. Parties

In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff JOHN E Snyder
 Address 77877 C.R. 378 Covert, Mi 49043

In Item B below, place the full name of the defendant in the first blank, his or her official position in the second blank and his or her place of employment in the third blank. Use Item C for the names, positions and place of employment of all additional defendants. Attach extra sheets as necessary. State whether you are suing each defendant in an official or personal capacity.

B. Defendant Lincoln O. Miller is employed as Mich State Police Trooper
 at South Haven post #55 730 LaGrange St. South Haven, Mi 49090

C. Additional Defendants Tro. Kyle Garham & Tro. Sell of same post.

Officer: Siegfried Frietag Covert T.W.P. Police 33805 M-140 Hwy Covert, Mi 49043

Officer: Natalie Thompson South Haven P.O. 90 Blue Star Hwy South Haven, Mi 49090

Van Buren County Sheriff's Dept. (Jail) 205 S. Calamawoo St. Paw Paw Mi 49079

V. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe how each defendant is personally involved. Include also, the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets if necessary.

On Dec. 9th, 03 In the village of South Haven, Van Buren Co. I was arrested and already in custody, handcuffed behind my back, helpless. When 5 officers used excessive force/ improper police conduct, which caused injuries. These injuries have affected my ability to function normally, as I once did. And could very well affect me the rest of my life.

Also the Van Buren County Sheriff's Dept (Jail) denied me medical

treatment for 30 days even after numerous requests.

My rights were violated in both incidents and I didn't deserve either.

VI. Relief

State briefly and precisely what you want the court to do for you.

I seek exemplary and compensatory damages, the injuries have affected my ability to function normally as I once did.

I have medical expenses and cannot work. I was a fisheries before incident. I've also been through considerable pain and distress (physical & mental) from the injuries sustained Dec 9th. 02

12 - 2 - 05

Date

John E. Snyder
Signature of Plaintiff

NOTICE TO PLAINTIFF(S)

The failure of a *pro se* litigant to keep the court apprised of an address change may be considered cause for dismissal.